FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 17 1997 8:00am

Secretary of State

Zip Code

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000083278 (7)

BANNER TRANSPORT SYSTEMS, INC.

-	ace of Business	Mailing Address 9430 NORTHWEST 4	O DI ACE					
9430 NORTHWEST 20 PLACE SUNFISE FL 33322-3609		SUNRISE FL 333224						
				3. Date Incorporated or Qualifi 10/09/1996	ed 3a. Date of Last Report			
2. Principal Place of Business		2a. Mailing Addres	3	4. FEI Number	Applied For			
21		26		65-06985	80 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, et	c.	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State 28		6. Election Campaign Financin Trust Fund Contribution	g \$5.00 May Be Added to Fees			
Zip 24	Country 25	Ζιρ 29	Country 30	B. This corporation has liability Florida Statutes	B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
AMERILAWYER CHARTERED				Jame				
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 S	Street Address (P.O. Box Number is Not Acceptable)				
			83		*			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

SIGNATURE	Signature, typed or printed name of legistered agent and tile.	Laurocaha (NOII	· Registered Agent signature requ	ired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	ĝ
TITLE	PSTO	DELETE	1.1 TITLE	The state of the s	☐ Change	Addition	0/0
NAME	VIGNOLO, HUGO		1.2 NAM?				2
STREET ADDRESS	9430 NORTHWEST 20 PLACE		1.3 STREET ADDRESS				Ì
CITY-ST-ZIP	SUNRISE FL 33322-3609		1.4 CITY - ST - 7/P				DOE
TATLE		DELETE.	2.1 TITLE		Change	Addition	C
NAME			2.2 NAME				
STREET ADDRESS			2 3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 C(1Y - S1 - Z)P				
TITLE		DELETE	3.1 TITLE		Change	Addition	Ì
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				ļ
CITY-ST-ZIP			3.4 CITY-ST-ZIP				_
TITLE		☐ DELETE	4.1 10 LE		Cusuile		F
NAME			4. 2 NAME				ĺ
STREET ADDRESS			4.3 STREET ADDRESS				1
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 T(TLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - S1 - ZIP	·			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
AITU AT 310			6.4.6979, 61, 713				1

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.

ICHATURE # 2 10 92 954 268 (12